

TYRONE P. JAMES V. YORK COUNTY POLICE DEPARTMENT, ET. AL.,

CASE ACTION NO. 01:01-CV-1015

EXHIBIT "6"

PHYSICIAN'S ORDERS

NKDA

Drug Allergies:

Self-Medication Program ☐ Yes ☐ No

Rackew

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
5/26/04	BC	Cardiac diet - see form
0815		Motrin 600mg po tid prn x 90d
		BP ✓ q wk x 6 wk, then chart review & BP's
		ASA 325mg T po qd; may take it po qid prn
		in place of Motrin → x 180d
		Eulerlay T po bid c 8oz H ₂ O } x 180d
		Triam/Hetz 37.5/25 T po qd
		DP #1 10/04
		Christina Doll MD
		CHRISTINA DOLL MD
		noted 5-26-04
		0830
		Prussian
		MD
7-22-04	8	MD line Per pt Request RE: Backpain
0830		Hydrocortisone 1% Cream AAA BID x 30 days
		JOHN T SYMONS MD
		7/22/04
		1254
		JANE DAVIS PAC

PLEASE USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

James, Tyrone
EX 9451
5-18-62
SUCROC

Drug Allergies: UKDA

Self-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7/22/4	✓	X-ray Lumbar spine - problem since 2001 was bumped by Van
1/8/00	✓	My lim 4-6 weeks F/U Bal pr.
		<i>water can cup</i> 9/30/01 1425
		JOHN T SYMONS MD
8/19/01	✓	Triamcinolone 0.1% cream AAA (Hends) am + hs x 30 days
8/14/01	✓	JOHN T SYMONS MD
9-14-01 10	✓	Motrin 600mg po BID prn x 60 days
0925-10	✓	② knee <i>J Davis</i>
		JOHN T SYMONS MD JANE DAVIS PAC
		9/14/01 0925

PLEASE USE BALL POINT PEN ONLY

02/10/1995

PAST/PRESENT PROBLEMS (Do you now or have you ever had any of the following problems?)

PROBLEM	YES	NO	PROBLEM	YES	NO	PROBLEM	YES	NO
Hearing Loss	✓	✓	Back Pain	✓	✓	Asthma	✓	✓
Vision Problem	✓	✓	Voiding		✓	Hypertension	✓	
Glaucoma		✓	Thyroid Trouble		✓	Dizziness		
Mult. Sex Partners	✓		Rheumatic Fever		✓	Gall Bladder		
Genital Herpes		✓	Heart Murmur		✓	Diabetes Mellitus		
Syphilis		✓	Hay Fever		✓	Cancer		
Gonorrhea		✓	Hepatitis		✓	T.B.		
Venereal Warts		✓	Tooth or Gum	✓		HIV		
Blackouts		✓	Anemia		✓	Weight Loss		
Seizures		✓	Arthritis		✓	Weight Gain		
Severe Headaches		✓	Ulcers		✓	Head Injury		
Epilepsy		✓	Pneumonia/URI's		✓	Frequent Colds		
Pain/Pressure in Heart		✓	Emphysema		✓	Fractures		
Pounding Heart		✓	Movement Difficulty		✓	Swollen Joints		
Kidney Trouble		✓	Paralysis		✓	Painful Joints		
Blood in Urine		✓	Numbness		✓	Joint Replacement		
Hemorrhoids		✓	Weakness		✓	Night Sweats		
Lymph Nodes		✓	Pediculi		✓	Hernia		✓

DRUG USAGE (PAST AND PRESENT)

(check as appropriate)	YES	NO		YES	NO
Steroids		✓	Barbiturates		✓
Alcohol	✓	✓	Tranquilizers		✓
Heroin		✓	Tobacco		✓
Marijuana		✓	Amphetamines		✓
LSD		✓	Cocaine/Crack		✓

METHOD OF DRUG USE

(Check as appropriate)

Smoke	
IV	
Inhale	
Ingest	✓

Amount and Frequency of drugs used:

Occasional drink

When was the last time drugs were used? (Specify date and time)

5 yrs

Any visible signs of drug withdrawal? (extreme perspiration, pinpoint pupils, shakes, nausea, etc.)

None

Any problems after discontinuation of drug use? (Convulsions, flashbacks, etc.)

denies

Comments:

INITIAL RECEPTION SCREENING

Reception Date 3/14/02 Social Security # 605-26-3819 SCI CAM
 Name James Tyrone I.D.# EX9451
 Date of Birth 5/18/62 First Race (circle one): W B M.I. H A Native Am. Other
 Private Insurance: YES NO If yes, identification number: _____ Responsible party: _____
 Height 5'8" Weight 210 BP 128/92 TPR 98.5-80-20
 Interpreter needed: (circle one) YES NO Language: _____
 Next of kin: (name) Laverne James Relationship: Wife
 (address) 565 W. Market St. York Pa 17404 (phone) 717-843-1074

MEDICAL HISTORY

Family Physician: (name and address) denies
 Allergies: NKA
 Current Diagnosis: ↑ Cholesterol, HTN
 Current Medications (name, dosage, frequency) Maxide 25mg po q d, Lipid 600mg BID
 Special Health Requirements (including Dietary): denies
 Past Hospitalizations: (Date, Name & Location of Hospital, Reason(s) for admission) 1982 2° Burns Rt. - St. Joseph's Los Angeles, Calif.

FAMILY HISTORY

List family members who have had the following:	Family Member	None	Unknown
Diabetes		✓	
Heart Disease/Attack		✓	
High Blood Pressure	<u>Mother</u>		
Cancer (specify) <u>breast</u>	<u>Father - Liver</u>		
Blood Disease (specify)		✓	
Arthritis		✓	
Hepatitis		✓	
Epilepsy/Seizure Disorder		✓	
Sickle Cell Disease		✓	
TB		✓	

	Living _____ Deceased ✓	Cause of Death
Father		<u>Cancer</u>
Mother	Living _____ Deceased ✓	<u>HTN cancer</u>
Siblings	Living ✓	
Total No. <u>5</u>	Deceased _____	

Initial Reception Screening
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-471

Inmate Name: **JAMES, TYRONE**
 Inmate Number: **EX9451**
 DOB:
 Facility: **05/18/1962**

1.800.882.6337 FAX: 724.349.2945

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